

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/525952

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		2				
4		2				
5		3				
6		1				
7		6				
8		6				
9		0				
10		0				
11		0				
12		0				
13		0				
14		0				
15		0				
16			1			
17				1		
18				1		
19				1		
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50						
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	16	←	14	←		←
TOTAL CLAIMS	17		15			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

DC